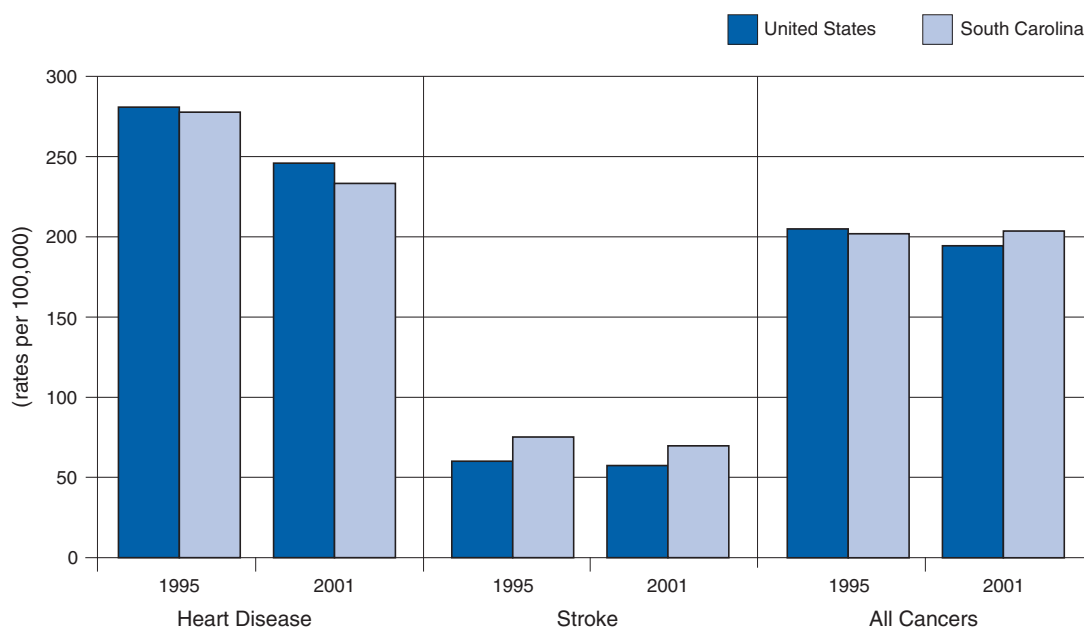


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and South Carolina, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

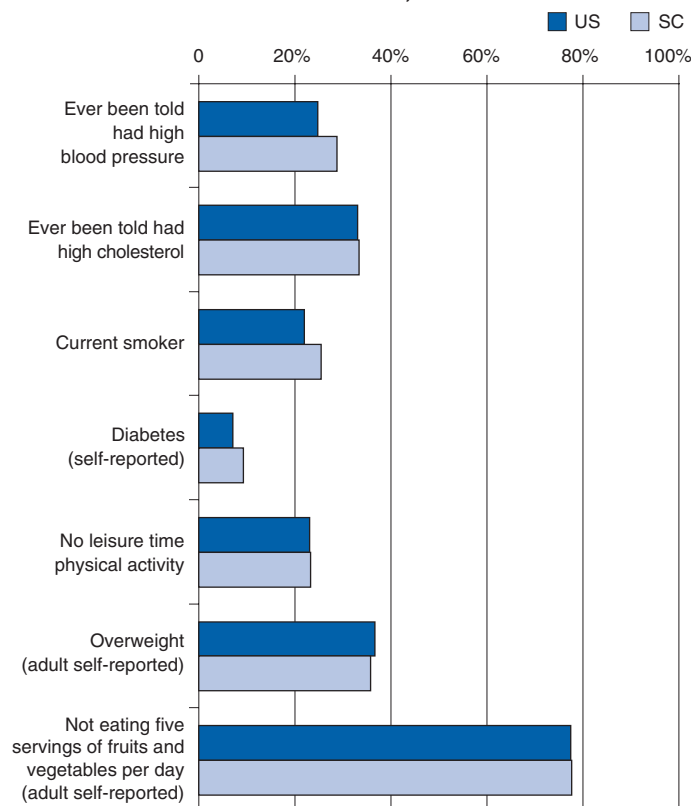
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in South Carolina, accounting for 9,471 deaths or approximately 26% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 2,832 deaths or approximately 8% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 8,860 are expected in South Carolina. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 21,500 new cases that are likely to be diagnosed in South Carolina.

Estimated Cancer Deaths, 2004

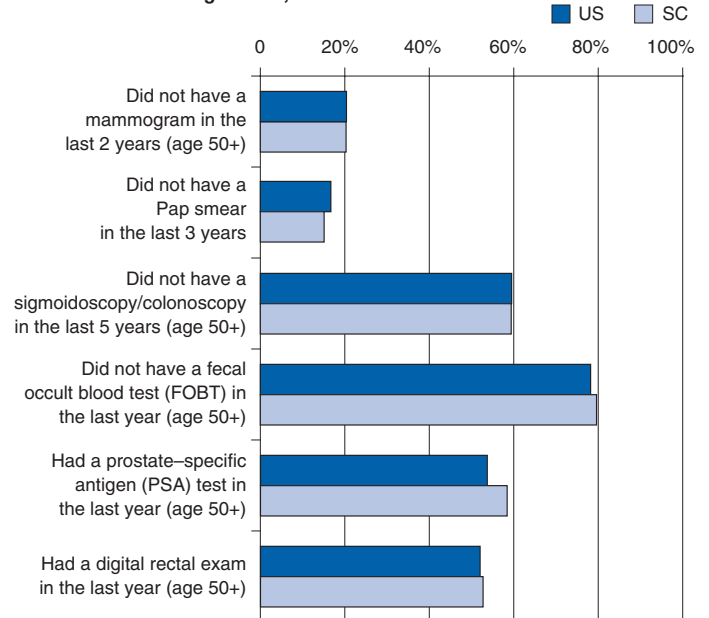
Cause of death	US	SC
All Cancers	563,700	8,860
Breast (female)	40,110	610
Colorectal	56,730	880
Lung and Bronchus	160,440	2,720
Prostate	29,900	620

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

South Carolina's Chronic Disease Program Accomplishments

Examples of South Carolina's Prevention Successes

- Statistically significant decreases in cancer deaths among men across all races, with the greatest decrease occurring among African Americans (424.5 per 100,000 in 1990 versus 375.7 per 100,000 in 2000).
- A 19.2% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 39.5% in 1992 to 20.3% in 2002).
- Lower prevalence rates than the corresponding national rates for women older than age 18 who reported not having had a Pap smear in the last 3 years (15.1% in South Carolina versus 16.7% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to South Carolina in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for South Carolina, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>South Carolina BRFSS</i>	\$203,056
National Program of Cancer Registries <i>South Carolina Central Cancer Registry</i>	\$903,768
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program <i>Tri-State Stroke Network</i>	\$1,100,000
Diabetes Control Program <i>South Carolina Diabetes Prevention and Control Program</i>	\$750,035
National Breast and Cervical Cancer Early Detection Program <i>Division of Cancer Prevention and Control</i>	\$3,312,674
National Comprehensive Cancer Control Program <i>Division of Cancer Prevention and Control</i>	\$150,000
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>South Carolina Tobacco Prevention and Control Program</i>	\$1,189,479
State Nutrition and Physical Activity/Obesity Prevention Program <i>Award Program</i> <i>Discover and Understand Carolina, Kids (DUCK) Walking Program</i> <i>Heart Smart</i> <i>It's Everywhere You Go!</i> <i>Walk Our Children to School Day</i>	\$367,372
Racial and Ethnic Approaches to Community Health (REACH 2010) <i>Medical University of South Carolina</i>	\$1,017,488
Total	\$8,993,872

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in South Carolina that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Cardiovascular Disease

Cardiovascular disease (CVD) is the leading cause of death and disability in South Carolina. In 2001, CVD accounted for approximately 34% of deaths in South Carolina. Although known as a primary cause of death in older adults, it is also the leading cause of death of South Carolinians aged 35-44 and one of the top five causes of death in children (1-4 years) and young adults (15-24 years). Together, heart disease and stroke account for over 90% of all CVD deaths.

According to the 2001 CDC mortality data, South Carolina had the 23rd highest heart disease death rate in the nation and the 2nd highest stroke disease death rate. Due to these rankings and the geographic proximity of other states with high numbers of stroke deaths, South Carolina, North Carolina, and Georgia are known as the “stroke belt.” High stroke death rates in the Pee Dee and Coastal regions of South Carolina have earned this area the dubious distinction of being the “stroke buckle” of the “stroke belt.” The economic costs of CVD in South Carolina are staggering. In 1999, the cost of CVD in South Carolina was almost \$1.4 billion in direct costs (hospital charges). Of these charges, \$629 million (45%) was for coronary heart disease and \$15 million (15%) was for stroke. The total hospital charges for treatment of cardiovascular disease patients increased by 330% from 1987 to 1999.

The state has adopted a comprehensive approach to reduce CVD deaths. One of the primary objectives of *South Carolina Cardiovascular Health State Plan* is to strengthen the state’s core capacity by focusing on promoting policy and environmental change in the areas of physical inactivity, poor nutrition, tobacco use, hypertension, and high blood cholesterol. Sites for primary intervention correspond to organizational and community-level needs such as school, worksites, and faith communities. Secondary prevention focuses on the health care system to ensure that screening, detection, and follow-up care include appropriate and standardized management of clinical risk factors for CVD. In design, the plan seeks to ensure that systemic remedies for CVD care and prevention are in place, available, and accessible to all South Carolinians, with emphasis on the priority populations—African Americans, the indigent and underserved, and residents in rural areas.

Adapted from *South Carolina Cardiovascular Health State Plan 2000-2007*.

Disparities in Health

African Americans, who comprise over 30% of South Carolina’s population, have heart disease and stroke death rates that are approximately 1½ to 2 times higher than the state’s white population. This difference is most prominent among African American women in South Carolina who, in 2000, were 1.3 times more likely to die of heart disease than white women.

Risk factors for heart disease and stroke include high blood pressure, poor nutrition, and lack of exercise. In South Carolina, African Americans are at a higher risk for these factors than whites. According to 2003 data from CDC’s Behavioral Risk Factor Surveillance System, over one third of African Americans report having been told they have high blood pressure (35.3%), compared with only one quarter of whites (26.7%). In addition, 63.3% of African Americans report not meeting the recommended guidelines for moderate physical activity, compared with 51.1% of whites, and only 19.8% of African Americans report consuming 5 or more servings of fruits and vegetables per day.

According to CDC’s 2000 cancer mortality data, African Americans also had higher death rates from cancer (375.7 per 100,000 for men and 189 for women per 100,000) than whites (265.3 per 100,000 for men and 158.5 per 100,000 for women). Although African American women are more likely to report having had a mammogram in the last 2 years (82.9%, compared with 78.1% of white women), in 2000 they were more likely to die from breast cancer than their white counterparts (37.9 per 100,000 African American women, compared with 25.6 per 100,000 white women). Prostate cancer screening rates are not available for South Carolina, but in 2000 the state’s African American men had a prostate cancer death rate that was more than twice the rate for white men (81.1 per 100,000 compared to 28.9 per 100,000).

Other Disparities

- **Diabetes:** African Americans (15.0%) and Hispanics (9.9%) are more likely to report having been told they have diabetes than whites (7.3%). South Carolina’s racial and ethnic groups are 3 times more likely to die from the disease than whites.
- **Obesity:** South Carolina’s African Americans (36.9%) are more likely to be obese than whites (21.5%).
- **Lung Cancer:** In South Carolina in 2000, African American men (102.3 per 100,000) had a higher lung cancer death rate than white men (89.8 per 100,000).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42
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